



PLANNING COMMISSION ZONING APPLICATION

OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Fee Paid: \$365 plus mailing/attorney fees

Please READ and PRINT clearly. Complete and submit the application and attachments. Planning Commission meetings are the first Mondays of the month unless otherwise. APPLICATIONS ARE DUE TWO WEEKS BEFORE THE SCHEDULED MEETING. If the applicant is not the owner(s), the owner(s) must complete and sign the Designation of Agent. Staff cannot place this application on the agenda if it is incomplete and/or without the appropriate supporting documentation. Please use additional paper. Include an accurate plat, scaled site plan, and any additional materials (i.e. photographs, elevation drawing with dimensions, or renderings). Site plans must be no longer than 11 x 17, and show scale, tax map number, property owner/developer information, date, vicinity map, north arrow, property shape and dimensions, landscaping, screening and buffering, etc. Provide one of each hardcopy and digital site plan and plat. The site plan must be prepared by a SC registered land surveyor, landscape architect, or engineer.

Applicant Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Property Owner: Same Lessee/Business Owner Contractor Other: \_\_\_\_\_

Designation of Agent: I/we hereby authorize the person named as Applicant to act on my/our behalf to submit and amend documents, meet with staff, and attend public meetings/hearings.

Owner's Name (print) \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (print) \_\_\_\_\_ Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check one: Zoning Text Amendment Request Re-zoning Request

Current Zoning District: \_\_\_\_\_ List pertinent ordinance section: \_\_\_\_\_

Current property use: Residential Commercial Industrial Vacant Area (sq ft)/acre of proposed project: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

1. If a Zoning Text Amendment Request, what use and/or language need to be added or removed from the ordinance? \_\_\_\_\_

If a Re-zoning Request, what is the requested zoning (Check one)?
RS 1 RS 2 RS 3 RG PUD OC I GC

Describe in detail the reason for your request: \_\_\_\_\_

2. How does the proposed zoning change complement or is compatible with the surrounding area?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Indicate (check  the applicable) supportive documentation.  plat (**required**)  scaled site plan (*for new improvements*)  
 applicable permits/approvals  photographs  elevation drawings with dimensions  renderings  
 others (*please list*) \_\_\_\_\_.

I attest to the best of my knowledge the information and attachment(s) provided are accurate. The proposed activity does not contradict any conditions, covenants, and/or restrictions. I authorize the subject property to be posted with a notice of the Planning Commission hearing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**THIS SECTION IS FOR USE BY PLANNING COMMISSION ONLY**

Date Advertised: \_\_\_\_\_

Date property was posted: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

THE PLANNING COMMISSION  **Recommends**  **Does Not Recommend**  **Recommends with Modification/Comments** the ordinance for adoption by Council.

Recommends with modification/comments as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Approved by the Planning Commission by majority vote.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

Council Action:  First Reading       Second Reading:  Approved  Denied

Council Comments: \_\_\_\_\_  
\_\_\_\_\_